



SOCIAL WORK CASE OUTLINE - Re:

Department: _____

Client Information:

Client Name: _____

Case #: _____

Client DOB: _____

Client Phone #: _____

Client Address: _____

Important Aspects of Client's Identity (e.g. Race, Ethnicity, Gender Identity, Sexual Orientation, etc.): _____

EBFD Attorney: _____

Attorney Referral (Action Request): _____

Case Parties:

County Counsel: _____

Child Welfare Worker: _____

Child: _____

Child's Other Parent: _____

Child's DOB: _____

Other Parent's Attorney: _____

Minor's Counsel: _____

Placement (Where/With Whom): _____



Child: _____ Child's Other Parent: _____
Child's DOB: _____ Other Parent's Attorney: _____
Minor's Counsel: _____
Placement (Where/With Whom): _____

Child: _____ Child's Other Parent: _____
Child's DOB: _____ Other Parent's Attorney: _____
Minor's Counsel: _____
Placement (Where/With Whom): _____

RFA Applicants & Status: _____

Dependency Hearings Summary:

Past Hearing Type: _____ Date: _____ Outcome: _____
Past Hearing Type: _____ Date: _____ Outcome: _____
Past Hearing Type: _____ Date: _____ Outcome: _____
Past Hearing Type: _____ Date: _____ Outcome: _____
Past Hearing Type: _____ Date: _____ Outcome: _____
Next Hearing Type: _____ Date/Time: _____
Desired Outcome: _____

"Past Harm"/Allegations: _____



Complicating Factors: _____

Visitation: _____

Case Plan Requirements/Providers: _____

Case Plan Progress: _____

Parent's Strengths (e.g. Coping Skills, Support System, Bond with Child, Spirituality, etc.): _____

Parent's Perception of their Needs: _____



Current Agency Concerns: _____

Barriers to Reunification & Current Parent Stressors: _____

Additional Resources/Services Parent Could Benefit From: _____

